

FSA-1042 (01-27-99) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency SMALL HOG OPERATION PAYMENT PROGRAM APPLICATION	1. St. Code	2. Co. Code	3. Program Year	4. Application Number
	5. Name of Hog Operation <i>(Prepare 1 application per Hog Operation)</i>			
6. Name, Address, and Telephone Number of Contact Producer		7. Name and Address of County FSA Office <i>(Including ZIP Code)</i>		

PART A - ELIGIBILITY (Check the applicable box in Items 8 through 10.)

	YES	NO
8. Did the hog operation market 1,000 or more hogs from July 1, 1998, through December 31, 1998?		
9. Have you gone out of business of producing and marketing agricultural products?		
10. Did the hog operation market all feeder pigs or slaughter hogs under a fixed-price or cost-plus contract?		

PART B - CALCULATION (Enter the appropriate data for Feeder and Slaughter Hogs Marketed in Items 11 through 13.)

Type	Number of Head	
11. Feeder Pigs		
12. Slaughter Hogs		
13. Total ➞		

PART C - PRODUCER'S CERTIFICATION

I certify that all the information entered on this application is true and correct and all persons involved in this operation have submitted the number of feeder pigs and slaughter hogs marketed during the last six months of 1998. I also understand that I could not market 1,000 or more head of feeder pigs and slaughter hogs from this hog operation during the last six months of 1998. To ensure that all program eligibility requirements are met for this hog operation, I understand that my hog operation may be selected for spot check. If my hog operation is selected for spot check, I may be required to provide the name of all buyers to whom the hogs were marketed during the last six months of 1998 and any other information that may be required to determine program eligibility. Providing a false certification to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the Farm Service Agency. The provision of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 297, 371, 641, 651, 1001 and 1014; USX 714m; and 31 USC 3729.

I hereby certify that: (YOU MUST enter A or B in the box below before signing.)

- A. More than 50 percent of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from these operations is not in excess of \$2.5 million.
- B. Fifty percent or less of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from all agriculture and nonagricultural sources is not in excess of \$2.5 million.

14. PRODUCER'S SIGNATURE

Enter A or B	A. Producer's Signature	B. Producer's ID Number	C. Date	D. Share

PART D - COC DETERMINATION

15.	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
16. Signature of COC or Designee	Title	Date
17. Remarks		



NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the regulation for applicants who are requesting Small Hog Operation Payment Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Small Hog Operation Payment Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 287, 371, 641, 651, 1001 and 1004; USC 714m; and 31 USC 3729.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0193. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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FSA-1042, Small Hog Operation Payment Program Application (Continued)

C**Instructions to Producer**

If a producer **requests SHOP by telephone, mail, or by facsimile**, County Offices shall:

- complete items 1-3 and 7
- **not** complete items 4 and 15-17 until the producer has completed and returned FSA-1042 to the County Office
- send FSA-1042 to the producer as requested
- provide the following instructions for the producer to complete FSA-1042.

Item	Instructions
5	Enter the name of your hog operation.
6	Enter your name, address, and telephone number.
8	Enter your response to the question, "Did the hog operation market 1,000 or more hogs from July 1, 1998 through December 31, 1998?"
9	Enter your response to the question, "Have you gone out of business of producing and marketing agricultural products?"
10	Enter your response to the question, "Did the hog operation market all feeder pigs or slaughter hogs under a fixed-price or cost-plus contract?"
11	Enter the number of feeder pigs your hog operation marketed from July 1, 1998 through December 31, 1998. Note: Do not include any feeder pigs that were marketed under a fixed-price or cost-plus contract, as applicable.
12	Enter the number of slaughter hogs your hog operation marketed from July 1, 1998 through December 31, 1998. Note: Do not include any slaughter hogs that were marketed under a fixed-price or cost-plus contract, as applicable.
13	Enter the total of feeder pigs and slaughter hogs marketed. (Item 11 plus item 12.)
14	After reading the certification statement in Part C, enter A or B in the applicable box to indicate your annual gross income, sign, provide your ID number, date, and indicate your share, as applicable. All producers who share in the hogs marketed on your hog operation must also sign, date, indicate shares, and provide ID numbers, as applicable. When all signatures and information have been obtained, take your completed application to the County Office in item 7 by COB, February 12, 1999.